

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165587	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2026
NAME OF PROVIDER OR SUPPLIER Northbrook Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6420 Council Street NE Cedar Rapids, IA 52402	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>Based on clinical record review, facility policy review and staff interview the facility failed to administer the restorative program as recommended by the therapy department for one of three residents reviewed (Resident #2). The facility reported a census of 71 residents. Findings include: The MDS (Minimum Data Set) assessment tool dated 2/19/2026 revealed Resident #2 had intact cognition, required partial to moderate assistance with dressing and hygiene, and was dependent on staff to ambulate and transfer from one surface to another. The MDS reported the resident's nutritional approaches included a feeding tube and altered diet, and received no therapy services including restorative service during the prior seven days. The resident's Care Plan revealed the resident had an ADL (Activities of Daily Living) self-care performance deficit focus area initiated on 8/22/25, and a risk for falls focus area initiated on 8/28/2025. The Intervention dated 8/28/25 directed staff to encourage the resident to participate in activities that promote exercise, physical activity for strengthening and improved mobility. The resident's physician orders included orders for occupational and physical therapy evaluation and treatment on 8/20/2025, 10/7/2025, 10/13/2025, 12/11/2025, 2/25/2026. An order dated 3/1/2026 instructed staff to send the resident to the hospital for an evaluation. The resident failed to return to the facility. A Therapy Recommendation dated 12/19/2025 advised the facility restorative staff to administer active range of motion exercises to the bilateral lower extremities: march, knee extension, and ankle dorsiflexion and plantar flexion 1-5 times a week. In a progress note dated 12/4/2025 at 7:49 a.m., Staff A, LPN (Licensed Practical Nurse) documented therapy recommendation received for restorative exercise program, copy provided to rehab aid to schedule. In a progress note dated 12/6/2025 at 1:07 p.m., Staff B, C.N.A., documented, continues with restorative program this week. No concerns at this time. In a progress note dated 12/12/2025 at 1:45 p.m., Staff C, former Administrator and Regional Consultant documented the facility received new therapy orders. Insurance verified and resident aware. Communicated to therapy. In a progress note dated 12/23/2025 at 7:30 a.m., Staff A documented the facility received therapy recommendation for restorative exercise program, copy provided to rehab aide for scheduling. In a progress note dated 12/26/2025 at 11:41 p.m., Staff B documented the resident continues with restorative program. No changes or concerns at this time. In a progress note dated 2/25/2026 at 5:50 a.m., Staff A documented orders submitted for PT (Physical Therapy), OT (Occupational Therapy) evaluation and treatment for insurance approval. Resident also had PT/OT at discharge planned for 3/1/2026. On 4/28/2026 at 8:37 a.m., Staff E, DON (Director of Nursing) reported Resident #2 discharged to the hospital and believed she went home from there with home health services. The resident had foot pedal machine that she independently used in her room when she allowed staff to get her up into the wheelchair. According to Staff B, C.N.A., the resident did her own program. Therapy typically writes up a restorative program and the facility follows it. It appeared from her notes that the resident had not been on the therapy caseload from sometime in December to February. On 4/29/2026 at 10:00 a.m., Staff E reported the facility owned the failure to administer the resident's therapy from 12/15/2025 - 2/2026. On 4/28/2026 at approximately 2:00 p.m., Staff D, Occupational Therapy Aide reported Resident #2 received OT until 12/3/2025, PT until 12/2/2025, (continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>and ST (Speech Therapy) until 1/12/2026. On 12/4/2025 therapy made a referral to the restorative program for a home program and received education. The resident had a portable pedal machine in her room. On 12/19/2025 the resident had another order for a PT evaluation. The evaluation determined the resident was not appropriate for further physical therapy, the resident remained at baseline. The resident admitted to not using the portable pedal machine. Therefore, PT made a restorative recommendation for exercises of the lower extremities on 12/19/2025. On 4/27/2026 at 9:45 a.m. Staff B, C.N.A., Restorative Aide reported he had a list of residents on the restorative program. At 3:00 p.m., Staff B reported Resident #2 failed to receive restorative. The resident received therapy and then discharged from the facility. The resident had a pedal machine from home that she used in her room when she agreed to get out of bed. Staff B had no referral from PT to the restorative program. On 4/29/2026 at 8:00 a.m., Staff A, LPN indicated she did oversee resident's therapy. She reviewed the restorative recommendation for Resident #2 on 4/28/2026, and her progress note dated 12/4/2025. Staff B denied received a copy of the recommendation. A question remained regarding the resident's ability to exercise on her own. Either way, there should have been documentation as to whether or not the resident actually did it. The resident went to a physician's appointment and returned with a therapy evaluation order on 12/19/2025. In a progress note dated 12/23/2025, Staff A documented the facility received the referral for the restorative program. The facility Restorative Nursing Program Policy copyright 2025 included, It is the policy of this facility to provide maintenance and restorative services designed to maintain or improve a resident's abilities to the highest practicable level. Definition: Restorative nursing program refers to nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible. This concept actively focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning. Policy Explanation and Compliance Guidelines: .2. The interdisciplinary team, with the support and guidance from the physician, will assure the ongoing review, evaluation, and decision making regarding the services needed to maintain or improve resident's abilities in accordance with the resident's comprehensive assessment, goals, and preferences.</p>		